

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28734

FILED
Apr 21, 2007
Secretary of State

Entity Name: TERRACE LIVING INCORPORATED

Current Principal Place of Business:

P O BOX 290821
410 DRUID HILLS
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

8602 TEMPLE TERRACE HWY.
SUITE E-19
TAMPA, FL 33637 US

Current Mailing Address:

P O BOX 290821
410 DRUID HILLS
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 59-2724474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATZ, DENNIS H
410 DRUID HILLS
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STATZ, DENNIS H.,
Address: 410 DRUID HILLS
City-St-Zip: TEMPLE TERRACE, FL

Title: STD () Delete
Name: STATZ, ELLEN,
Address: 410 DRUID HILLS
City-St-Zip: TEMPLE TERRACE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS H. STATZ

DP

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date